Idaho Disease

BULLETIN

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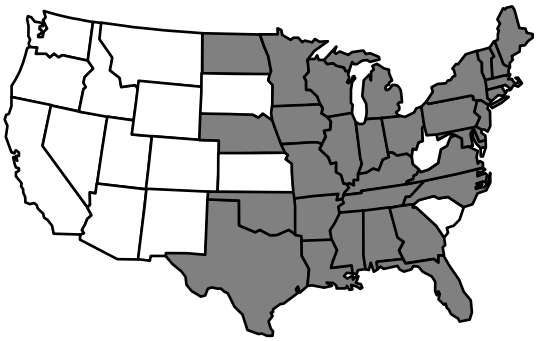
West Nile Virus: Physician Update

West Nile virus (WNV), a mosquito-borne virus first identified in the greater New York City area in 1999, affects humans, horses, birds, and other animals. The virus is introduced into new ecosystems by infected migratory birds and appears to then become established in local mosquito-bird life cycles. Since 1999, WNV has been identified by either the presence of human cases, dead birds, sick horses, or infected mosquito pools in 30 states, and this year has been found as far west as Texas and North Dakota. The CDC believes that the virus will continue to spread across the United States and will enter the Pacific Northwest within the next year or two. WNV can cause West Nile fever, a febrile illness, or a more severe manifestation, West Nile encephalitis. On rare occasion, WNV infection can prove fatal.



West Nile virus distribution as of 7/19/2002 indicated by the shaded states.

WNV infection should be suspected in any patient with viral encephalitis, meningitis, or meninogoencephalitis of unknown etiology. The State Public Health Laboratory has the training and reagents to test clinical samples for WNV. Serologic tests are available on serum and CSF, if available (serum, 1 ml: IgM, IgG determination; CSF-0.5 ml for antibody detection).

Please call the Virology section at the State Public Health Laboratory (334-2235), should you wish to submit a clinical sample for WNV testing.

We have developed the following WNV web site:
http://www.healthandwelfare.idaho.gov/DesktopModules/Articles/ArticlesView.aspx?TabID=0&Alias=Rainbow&Lang=en-US&ItemID=980&mid=10808Idaho Department of Health & Welfare

DTaP and MMR: Supplies Improving

Supplies of diphtheria and tetanus toxoids, acellular pertussis (DTaP) vaccine, and measles, mumps, and rubella (MMR) vaccine in the United States have become sufficient to permit the resumption of the routine schedule for DTaP and MMR use as recommended by the Advisory Committee on Immunization Practices (ACIP). However, for the next 2 months, supply might not be adequate for the initiation of ambitious recall or special initiative programs. With build-up in national inventory, more comprehensive recall programs can be established. Child care and school attendance provisions requiring children to receive a DTaP booster and a second dose of MMR vaccine at age 4–6 years can be reinstituted. Full details on CDC recommendations are available at www.cdc.gov/mmwr/mmwr_wk.html.

More inside

Public Health Emergencies 2
Hantavirus in Idaho..... 2
2001 Idaho Disease Counts 3
Epidemiology Office Expands..... 3

IDAHO DEPARTMENT OF HEALTH & WELFARE

Management of Public Health Emergencies in Idaho: The Anthrax Experience

Public health emergencies, after hours and weekends, can be managed by utilizing the Idaho State Communications system (StateComm). StateComm is a centralized pager-based system equipped to contact a public health official anytime, day or night, statewide. Utilizing StateComm for public health emergencies standardizes and streamlines any required multi-agency response activity

Triaging public health calls through the StateComm system significantly limited the burden on public safety and public health systems during the anthrax scares of 2001. Idahoans, despite being widely separated from actual anthrax cases in the eastern United States, sought assistance. Significant responses by state and local agencies were required, placing an increased burden on epidemiologists, laboratorians, and communications personnel.

Even in the absence of a suspected act of bioterrorism, physicians and laboratorians should utilize StateComm for certain situations. See January, 2002 Edition of the Idaho Disease Bulletin for more details on the anthrax response at: http://www.healthandwelfare.idaho.gov/portal/alias__Rainbow/lang__en-US/tabID__3399/DesktopDefault.aspx.

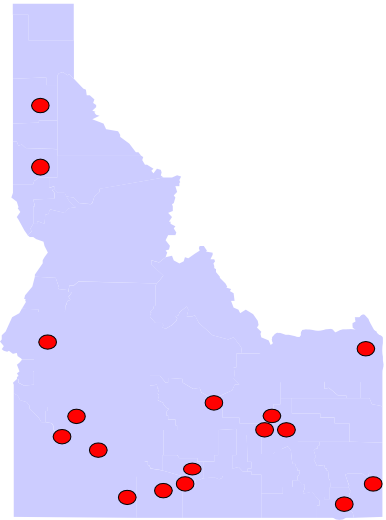
- After hours 'immediate' reporting of certain diseases: e.g. anthrax, botulism, plague.
- Reporting an outbreak.

StateComm: 846-7610 or 1-800-632-8000

Peromyscus maniculatus, **the common deer mouse**

Hantavirus Pulmonary Syndrome in Idaho

A fatal case of Hantavirus Pulmonary Syndrome (HPS) was reported to the State Office of Epidemiology in June, 2002. The case had a history of extensive occupational rodent exposure, but was also living in a temporary shelter that apparently was infested with mice prior to his onset of illness. The exact source of infection is unclear. This brings the total documented Idaho case-count to 17 between 1978 and 2002. Idaho cases have been 76% male, with an average age of 32y (range 14y-50y); six (35%) had a fatal outcome. Idaho cases have occurred statewide; however, the majority tended to come from central and southeastern Idaho. Nationwide, as of June, there have been 318 cases: 60% were male, with a mean age of 37y (range 10y-75y); 37% had a fatal outcome.



Hantavirus Cases--Idaho, 1978-2002

Hantavirus is carried primarily by the deer mouse, *Peromyscus maniculatus*, a small rodent with white fur under the abdomen and tail. This mouse is commonly found in most parts of Idaho. They can excrete virus in urine and feces, making dust associated with nests potentially infectious. As inhalation of mouse-nest dust is a key risk factor for acquiring Hantavirus infection, avoiding inhalation is critical. Removal of any mouse nests should be done by moistening the area with a dilute (1:10)

bleach solution and wiping up the area while using gloves, eye protection, and a mask such as an N-95 style (commonly available in hardware stores).

HPS may develop after an incubation period of approximately 2 weeks, with a range of a few days to 6 weeks. HPS begins with fever, myalgias, and GI complaints which progress to severe respiratory distress. Survivors may or may not regain normal lung function. There is no vaccine or specific therapy; supportive care is used for patients.

2001 Disease Counts Finalized

The Office of Epidemiology has finalized the 2001 reportable disease case counts for calendar year 2001. Health care providers and laboratorians are responsible for reporting 61 reportable diseases and conditions in Idaho. Some of the highlights are shown below.

Campylobacter infections continued to be the most frequently reported bacterial gastrointestinal infection in Idaho. Pertussis numbers more than doubled over last years count (n=64), reflecting a particularly large number of infections acquired in the panhandle region of the state.

During 2001 the seven district health departments investigated a total of 17 outbreaks. An outbreak is defined as a constellation of signs and symptoms shared by multiple persons temporally associated with a common exposure or otherwise epidemiologically linked. As frequently happens, an etiologic agent is only determined for a fraction of reported outbreaks. This occurs when human samples are unavailable for testing or the agent can not be isolated from provided human or food samples. Often, the source of infection is only determined through epidemiologic analysis of food histories or common exposures. Several examples of 2001 outbreaks included three separate Salmonella outbreaks (linked to raw egg consumption, cantaloupe consumption, and an out-of-state exposure), a Campylobacter outbreak from sheep exposures at a ranch, and two food-related E. coli O157:H7 outbreaks.

2001 Reportable Disease Case Counts

AIDS	23
Amebiasis	5
Aseptic Meningitis	33
Blood Lead ≥10µg/dl	75
Campylobacter	248
Chlamydia	2023
Cryptosporidiosis	23
E. coli O157:H7	81
E. coli, toxigenic, non-O157:H7	6
Giardia	172
Gonorrhea	76
Hantavirus Pulmonary Syndrome	2
H. influenzae infections (invasive)	2
Hemolytic Uremic Syndrome	2
Hepatitis A	57
Hepatitis B, acute	11
Hepatitis C, acute	2
Hepatitis C, non-acute	932
HIV	29
Legionellosis	3
Leprosy	1
Lyme Disease	5
Malaria	4
Measles	1
Mumps	2
Pertussis (whooping cough)	171
Rabies, animal	28
Rabies, human	0
Rocky Mountain Spotted Fever	1
Salmonella	146
Shigella	40
Streptococcus, Group A, invasive	7
Streptococcal Toxic Shock Syndrome	2
Syphilis	12
Tuberculosis	9

The State Office of Epidemiology Welcomes New Staff to Help Improve Services

Kathy Cohen joined the State Office of Epidemiology on June 5. Kathy has worked as the state WIC Program Manager for the last 16 years. Kathy will oversee contract and budget development for the Office, and assist in grants applications. In addition, she will manage the Idaho Disease Reporting and Alert System project, which aims to improve timeliness and ease of

disease reporting and health alert dissemination to health care providers. Kathy will also provide management expertise as the state Hepatitis C program coordinator. Kathy has an M.S. in Community Nutrition and is a Registered and Licensed Dietitian.

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ROUTINE PHYSICIAN 24-HOUR DISEASE REPORTING LINE: 1-800-632-5927
EMERGENCY PHYSICIAN 24-HOUR DISEASE REPORTING LINE: 1-800-632-8000

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